IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUES	ST:
Anamosa State Penitentiary	
Name of Department or Office 406 N. High St. An	namosa, Iowa 52205
Mailing Address C	ity, State, Zip Code
319-462-3504 Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	
Sheryl Perrin, Adm. Asst.	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
sheryl.perrin@iowa.gov Email Address	Area Code & Telephone Number (if different from above)
	Their code of telephone realitiber (in different from above)
OONOR OF GIFT OR BEQUEST:	
Теггу Мауо	
Name	
406 N. High St. Anamosa, IA 52205	
Mailing Address City, State, Zip Code	2/20/12 \$90.00
	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by
- 1144	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
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Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the s	tate or received by the Governor on behalf of the state.
	The contraction was contracting the Park Service.
atement of Affirmation:	
Jerry Bur & affirm that the gift or bequest reported above	
sessment of the fair market value (if applicable) is correct and true to the t	e is accurate. I further affirm that the information concerning the donor and best of my knowledge.
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/ kur B. Am	5-30-12
Signature	5-30-/2

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



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Date

Anamosa State Penitentiary					
Name of Department or Office					
406 N. H igh St. Anamoss, Jowa 52205 falling Address City, State, Zip Code					
319-462-3504	only, Glate, Zip Gode				
Area Code & Telephone No.					
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	CE:				
Sheryl Perrin, Adm. Asst.					
Name					
Mailing Address (if different from above)	City, State, Zip (if different from above)				
sheryl.perrin@iowa.gov					
Email Address	Area Code & Telephone Number (if different from above)				
ONOR OF GIFT OR BEQUEST:					
Lary Winders					
Name					
406 N. High St. Anamosa, IA 52205					
Mailing Address City, State, Zip Code	2/28/12 \$32.00				
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Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*				
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Email Address (optional)	receiving department or office. If no value mark "0.00",				
Provide a description of the gift or bequest and purpose thereof:					
Pepper Seeds for Gardens					
Criteria to use this form:					
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.				
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sessment of the fair market value (if applicable) is correct and to be to the	ve is accurate. I further affirm that the information concerning the donor and best of my knowledge.				
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics

Reset Form

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Anamosa State Penitentiary					
Name of Department or Office 406 N. High St.					
Mailing Address					
319-462-3504		ny, otale, zip oode			
Area Code & Telephone No.	And the second of				
CONTACT PERSON FOR RECIPIE	NT DEPARTMENT OR OFFIC	SE:			
Sheryl Perrin, Adm. Asst.					
Name					
Mailing Address (if different from above)	City, State, Zip (if different from above)			
sheryl.perrin@iowa.gov Email Address					
Email Address		Area Code & Telephone Number (if different from above)			
OONOR OF GIFT OR BEQUEST:					
Various Inmates					
Name					
406 N. High St.	Anamosa, IA 52205				
Malling Address	City, State, Zip Code	2/28/12 \$397.99			
		Date of Gift or Bequest Amount/Value*			
Area Code & Telephone Number		*value is defined as "fair market value" of item as determined by			
		receiving department or office. If no value mark "0.00".			
Email Address (optional)					
Provide a description of the gift or bequ	est and purpose thereof:				
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Books to the Inmate Library					
Criteria to use this form:					
Receipt of any oift or bequest that is re-	ceived by any department of the s	tate or received by the Governor on behalf of the state.			
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Jerry Durt affirm that	the gift or bequest reported above	e is accurate. I further affirm that the information concerning the donor and best of my knowledge.			
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Janes B. Bu	-	530-/2			
Signature		Date .			

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics

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Anamosa State Penitentiary					
me of Department or Office 6 N. H igh St. Anamosa, Iowa 52205					
Mailing Address City 319-462-3504					
Area Code & Telephone No.					
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	:				
Sheryl Perrin, Adm. Asst.					
Name					
Mailing Address (if different from above)	City, State, Zip (if different from above)				
sheryl.perrin@iowa.gov Email Address	Area Code & Telephone Number (if different from above)				
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ONOR OF GIFT OR BEQUEST:					
Camp Courageous					
Name					
12007 - 190th St. Monticello, IA 52310					
Mailing Address City, State, Zip Code	2/22/12 \$12,221.72				
	Date of Gift or Bequest Amount/Value*				
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".				
Email Address (optional)	receiving department or office. If no value mark "0,00",				
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Food for Inmate Meals					
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Criteria to use this form:					
Receipt of any gift or bequest that is received by any department of the sta	ate or received by the Governor on behalf of the state.				
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Jerry Burt affirm that the gift or bequest reported above	is accurate. I further affirm that the information concerning the donor and				
Jerry Burt affirm that the gift or bequest reported above sessment of the fair market value (if applicable) is correct and true to the be	est of my knowledge.				
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Janes B. Bur	5-30-12				
Signature	Date				

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



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FORM-GB Gift or Bequest information received by a department or accepted by the Governor on behalf of the state For office use only Indexed Audited Checked Computer

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUE	ST:			
Anamosa State Penitentiary				
Name of Department or Office				
Name of Department or Office 406 N. High St. Anamosa, Jowa 52205				
Mailing Address C	City, State, Zip Code			
Area Code & Telephone No.				
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	CE:			
Sheryl Perrin, Adm. Asst.				
Name				
Mailing Address (If different from above)	City, State, Zip (if different from above)			
sheryl.perrin@iowa.gov				
Email Address	Area Code & Telephone Number (if different from above)			
OONOR OF GIFT OR BEQUEST:				
Various Inmates				
Name				
406 N. High St. Anamosa, IA 52205				
Mailing Address City, State, Zip Code	4/30/12 \$472.61			
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Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.			
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 503319

Fax: (515)281-4073 www.iowa.gov/ethics



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Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE	RECEIVING THE	GIFT C	OR BEQUEST:
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUES	51:	
Anamosa State Penitentiary		
Name of Department or Office 406 N. High St.	e of Department or Office I. High St. Anamosa, Iowa 52205	
6T-1 TOMA	City, State, Zip Code	
Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	DE:	
Sheryl Perrin, Adm. Asst.		
Name		
Malling Address (if different from above)	City, State, Zip (if different from above)	
sheryl.perrin@iowa.gov	Oity, State, Zip (if different front above)	
Email Address	Area Code & Telephone Number (if different from above)	
ONOR OF GIFT OR BEQUEST:		
Camp Coureagous Name		
12007 190th St. Monticello, IA 52310		
Mailing Address City, State, Zip Code	4/30/12 \$11,275.80	
	Date of Gift or Bequest Amount/Value*	
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Sures B. B.	5-30-12	
Signature	Date	

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

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Gift or Bequest Information received by a department or accepted by the

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST	r:
Anamosa State Penitentiary	
Name of Department or Office 406 N, High St. Ana.	mosa, Iowa 52205
iling Address City, State, Zip Code	
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	1:
Sheryl Perrin, Administrative Assistant	
Name 406 N. High St.	
Mailing Address (if different from above)	City, State, Zip (if different from above)
sheryl.perrin@iowa.gov Email Address	Area Code & Telephone Number (if different from above)
	Alea Code & Telephone Rumber (in universit inom above)
OONOR OF GIFT OR BEQUEST:	
Camp Courageous	
Name	,
12007 190th St. Monticello, IA 52310	
Mailing Address City, State, Zip Code	3/28/12 \$4,755.00
	Date of Gift or Bequest Amount/Value*
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and any government and to received by any department of the sta	the of received by the Governor on behalf of the state.
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<u>Jerry Surt</u> affirm that the gift or bequest reported above i sessment of the fair market value (if applicable) is correct and true to the be	s accurate. I further affirm that the information concerning the donor and
the special state of the speci	at at his minimongo.
Sour Soffer	5-30-17
Signature	5-30-1Z Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MONES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethlcs

Reset Form

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

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Name of Department or Office 406 N. High St.	Anamosa, Iowa 52205	
Mailing Address	City, State, Zip Code	
Area Code & Telephone No.	Antonio	
ONTACT PERSON FOR R	RECIPIENT DEPARTMENT OR OFF	FICE:
Sheryl Perrin, Adm. Asst.		
Name		
Mailing Address (if different fro	om above)	City, State, Zip (If different from above)
sheryl.perrin@iowa.gov		
Email Address		Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQU	JEST:	
Inmates		
Vame		-
PO BOx 10	Anamosa, IA 52205	
Mailing Address	City, State, Zip Code	3/15/12 \$67.89
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Area Code & Telephone Numb	Der	-
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Email Address (optional)		- Trooting department of officer in the value mate 0.00 !
Provide a description of the gi	ift or bequest and purpose thereof:	
Books		
Criteria to use this form:	2	
Criteria to use this form:		
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atement of Affirmation: Jerry Burt a	affirm that the gift or bequest reported ab	love is accurate. I further affirm that the information concerning the donor an
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics



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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST	re:	
Anamosa State Penitentiary		
Name of Department or Office	mora Jawa 52205	
Mailing Address City	ddress City, State, Zip Code	
319-462-3504 Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE		
Sheryl Perrin, Adnı. Asst.		
Name		
Malling Address (if different from above) sheryl.perrin@iowa.gov	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)	
DONOR OF GIFT OR BEQUEST:		
Deacon Bill Hickson Name		
PO Box 1309 Dubuaue, IA 52004-1309		
Mailing Address City, State, Zip Code	3/7/12 \$100.00	
*	Date of Gift or Bequest Amount/Value*	
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by	
Email Address (optional)	receiving department or office. If no value mark "0.00".	
Email Address (optional)		
Provide a description of the gift or bequest and purpose thereof:		
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Criteria to use this form:		
Receipt of any glift or bequest that is received by any department of the sta	ate or received by the Governor on behalf of the state.	
tatement of Affirmation:		
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affirm that the gift or bequest reported above ssessment of the fair market value (if applicable) is correct and true to the be	is accurate. I further affirm that the information concerning the donor and est of my knowledge.	
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Jana Be Bur	5-30-12	
Signature	Date	